

<b>MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET</b> (FOR USE WITH FORM PTO-875)							SERIAL NO. <b>10/03/45/1</b>	FILING DATE				
							APPLICANT(S)					
<b>CLAIMS</b>												
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT							
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TOTAL IND.							TOTAL IND.					
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